

PART B—FEE(S) TRANSMITTAL

Complete and mail this form, together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 05/12/2005

CUSTOMER NO. 35690

ERIC B. MEYERTONS

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.

P O BOX 398

AUSTIN TX 78767-0398

06/02/2005 FFANIAIA3 00000075 501505

09864510

*Office of the
PATENT & TRADEMARK OFFICE*
MAY 31 2005

01 FC:2501 700.00 DA
 02 FC:1504 300.00 DA
 03 FC:8001 15.00 DA

APPLICATION NO.

FILING DATE

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

09/864,510

05/24/2001

Gregory Murphy

5838-00300/EBM

2445

TITLE OF INVENTION: VENTRICULAR RESTORATION SHAPING APPARATUS AND METHOD OF USE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	Yes	\$700.00	\$300.00	\$1,000.00	08/12/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
Lewis, Ralph A.	3732	128-898000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE:

Chase Medical, L.P.

(B) RESIDENCE (CITY & STATE OR COUNTRY):

Richardson, Texas

Please check the appropriate assignee category indicated below (will not be printed on the patent): individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

Issue Fee

A fee authorization in the amount of the fee(s) is enclosed.

Publication Fee

Payment by credit card. Form PTO-2038 is attached.

Advance Order - # of Copies

The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Numbr 50-1505/5838-00300/EBM* (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27

b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature)

(Date)

Eric B. Meyertons
Reg. No. 34,876

May 21 2005

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the complete application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing the burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. 1450, Alexandria, VA 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMIT THIS FORM WITH FEE(S)

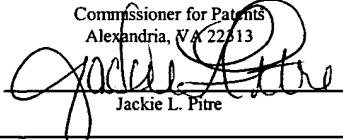


PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 09/864,510
Confirmation No.: 2445
Filing Date: May 24, 2001
Inventors: Murphy et al.
Title: VENTRICULAR
RESTORATION SHAPING
APPARATUS AND
METHOD OF USE

§ Examiner: R. A. Lewis
§ Art Unit: 3732
§ Atty. Dkt. No.: 5838-00300

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8	
DATE OF DEPOSIT:	May 11, 2005
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail on the date indicated above and is addressed to: Commissioner for Patents Alexandria, VA 22313	
 Jackie L. Pire	

FEE AUTHORIZATION

MS ISSUE FEE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

The Commissioner is hereby authorized to charge the following fees to Meyertons, Hood, Kivlin, Kowert & Goetzel, P.C. Deposit Account Number 50-1505/5838-00300:

- \$ 700.00 - Issue Fee;
- \$ 300.00 - Publication Fee; and
- \$ 15.00 - Five copies

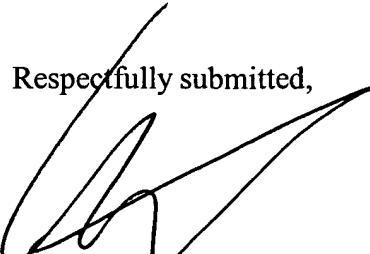
Total Amount: \$1,015.00

Attorney Docket No.: 5838-00300

Murphy et al.
09/864,510

The Commissioner is also authorized to charge any extension fee or other fees which may be necessary to the same account number.

Respectfully submitted,



Eric B. Meyertons
Reg. No. 34,876

Attorney for Applicant

MEYERTONS, HOOD, KIVLIN, KOWERT & GOETZEL, P.C.
P.O. BOX 398
AUSTIN, TX 78767-0398
(512) 853-8800 (voice)
(512) 853-8801 (facsimile)

Date: May 31, 2005